(ERS).	TECHNICAL UNIVERSITY OF MOMBASA		
UNIVERSITY ON	Document: Form		Ref No.: TUM/Form/SGS/008
HNIC	Title: APPLICATION FOR INTERRUPTION/CHANGE OF STUDY MODE		
E C SA	Department: SCHOOL OF GRADUATE STUDIES		
	Issue No. 1	Revision No. 0	Date: 4th August 2016

# All sections of this form must be completed

## $\ensuremath{\textbf{SECTION}}\xspace{1}$ 1 - To be completed by the $\ensuremath{\textbf{CANDIDATE}}\xspace{1}$

STUDENT DETAILS:			
Name of Student:	University email addres	SS:	
Student Number:	@tum.ac.ke ( <i>The outcome of your a</i> <i>communicated to you vu</i> School / Institute:	•	
Name of Supervisor(s):		Ι	
Programme:	Stage:	Full Time Part Time Combined	
Sponsor:	Current Thesis Submiss	sion Date:	
Is this application being submitted to update, supplement or provide new evidence for a previously submitted interruption application?		Yes 🗌 No	

DETAILS OF PERSONAL EXTENUATING CIRCUMSTANCES: (please tick)			
Medical	Personal	Other	
Proposed dates of interruption:			
From:(Date) To:(Date)			
A proposed date of return <u>must</u> be stated so that new thesis submission date can be determined.			
Please provide as full an explanation as possible of the reasons for your request. Please be specific			
about the problem, be precise about how your studies have been affected and explain any delays in			
submitting this form. Details:			



Continue on a separate sheet if necessary

**EVIDENCE:** (please tick and ensure that the evidence is submitted with your application. Note that applications submitted without any evidence will be unlikely to be successful)

Medical Note	Wellbeing Memo	Other

Signature (student):	Have you consulted you	ır supervisor(s)?
Date:	Yes 🗆	No 🗆

### SECTION 2 - To be completed by the ACADEMIC SUPERVISOR

Signature (academic supervisor):	Do you support this r	equest?
Date:	Yes 🗆	No 🗆
<i>Please provide a statement outlining the reasons for decision:</i> <b>Details:</b>	or your	
	Continue on a	separate sheet if necessary



Signature (Head of School or Nominee):	Do you support this req	uest?
Date:	Yes 🗆	No 🗆
Please provide additional comments if relevant:		
Details:	Continue on a se	parate sheet if necessary

#### SECTION 3 - To be completed by the HEAD OF SCHOOL or NOMINEE

#### Brief guidance notes to students:

- Candidature should not normally be suspended for more than 12 months.
- An interruption to registration may only be granted by the Director of SGS, subject to you providing strong justification, supported by evidence.
- Do not assume that your request will be approved. Until you are informed of the decision approved by the Director, SGS you need to continue with your studies as normal.
- Ensure that every section of the application form has been completed and evidence attached. Incomplete forms and those without evidence will be returned to your School/Institute, which will result in a delay to your application being considered.
- Ensure that any additional sheets or documents are clearly marked with your name and student number and securely attached to your application.
- You will be informed of the outcome by email so please check your University account regularly.
- If you are in receipt of a HELB you must ensure that your interruption complies with the terms and conditions of your studentship.

#### DECISION

As the Director of the School of Graduate Studies, I deem that this period of interruption is an appropriate response to the student's personal extenuating circumstances (please tick) and will ensure that the student is informed of this decision:

Request Approved Comments:		Request not approvedReasons: (e.g. lack of evidence, circumstances not relevant)
Signature:	Date:	Signature: Date:



